

UNITED STATES DEPARTMENT OF THE INTERIOR
 MINERALS MANAGEMENT SERVICE
 GULF OF MEXICO REGION
ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **19-MAY-2007** TIME: **0045** HOURS

2. OPERATOR:

Arena Offshore, LLC
 REPRESENTATIVE: **Schumann, Natalie**
 TELEPHONE: **(281) 492-3243**
 CONTRACTOR: **Helmerich & Payne**
 REPRESENTATIVE: **Dohm, JT**
 TELEPHONE: **(985) 871-4071**

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR
 ON SITE AT TIME OF INCIDENT:

4. LEASE:

G05052

AREA: **SP** LATITUDE:
 BLOCK: **83** LONGITUDE:

5. PLATFORM:

RIG NAME: **H&P 107**

6. ACTIVITY:

EXPLORATION(POE)
 DEVELOPMENT/PRODUCTION
 (DOC/POD)

7. TYPE:

HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days) 1
 Other Injury

FATALITY
 POLLUTION
 FIRE
 EXPLOSION

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

COLLISION HISTORIC >\$25K <=\$25K

STRUCTURAL DAMAGE
 CRANE
 OTHER LIFTING DEVICE
 DAMAGED/DISABLED SAFETY SYS.
 INCIDENT >\$25K
 H2S/15MIN./20PPM
 REQUIRED MUSTER
 SHUTDOWN FROM GAS RELEASE
 OTHER

6. OPERATION:

PRODUCTION
 DRILLING
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO.
 OTHER

8. CAUSE:

EQUIPMENT FAILURE
 HUMAN ERROR
 EXTERNAL DAMAGE
 SLIP/TRIP/FALL
 WEATHER RELATED
 LEAK
 UPSET H2O TREATING
 OVERBOARD DRILLING FLUID
 OTHER _____

9. WATER DEPTH: **467** FT.

10. DISTANCE FROM SHORE: **15** MI.

11. WIND DIRECTION: **E**
 SPEED: **12** M.P.H.

12. CURRENT DIRECTION: **E**
 SPEED: **30** M.P.H.

13. SEA STATE: **2** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

Floor crew operations was POOH during a short trip process; upon racking the stand back into finger position the stand caught edge of the fingerboard and binded. Floorhand then proceeded to slack off the air tigger line to free the stand, and in doing so, somehow the hook on the end of the tigger line unlatched causing stand to fall back towards top drive. Floorhand attempted to grab the drill pipe before it got under the top drive. Unable to stop the drill pipe as the top drive sat down on the stand, causing it to bow and kickout knocking the floorhand back into the rear of the monkey board. Upon floorhand landing at the rear of the board his left leg fell into the alley of the collar fingers and the drill pipe, after the pipe kickback, smashed IP's left leg.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

Chain hook on air tigger releasing causing drill pipe to fall backward striking top drive.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

- 1) Slack in tigger line
- 2) Hook on tigger chain releasing
- 3) Drill pipe binding on finger board

20. LIST THE ADDITIONAL INFORMATION:

- 1) Floorhand was 6 hours into tour shift
- 2) IP transported 5/19/07 to OMS Clinic, Houma Louisiana
- 3) Monkey Board to D.P. Finger - Width 9 1/2"

21. PROPERTY DAMAGED:

n/a

NATURE OF DAMAGE:

n/a

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The New Orleans District makes no recommendation to The Office of Safety Management.

The New Orleans District concurs with the operator's recommendations to prevent recurrence.

1) The operator is checking with their supplier about getting a hook with a deeper throat to ensure better contact with the chain to prevent any slippage when a slack is allowed in the chain. The operator is adding this corrective action to their report to replace the use of personnel's thumb on the hook as a secondary securing method, which created a pinch point.

2) The operator is investigating to see if they can find a chain with a purpose built tie back for the hook to hook into instead of hooking back to the chain link itself.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

19-MAY-2007

26. ONSITE TEAM MEMBERS:

Darryl Williams /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Troy Trosclair

APPROVED

DATE: **12-SEP-2007**

INJURY/FATALITY/WITNESS ATTACHMENT

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input checked="" type="checkbox"/>	INJURY
<input type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input checked="" type="checkbox"/>	OTHER <u>Floorhand (H&P)</u>	<input type="checkbox"/>	WITNESS

NAME: **Jerry Hammond**

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **2.5** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: